

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

07

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 114376.35 |
| (b) Cash on Hand at Beginning of Reporting Period | 144333.65 | |
| (c) Total Receipts (from Line 19) | 65385.00 | 235894.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 209718.65 | 350270.35 |
| 7. Total Disbursements (from Line 31) | 94599.00 | 235150.70 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 115119.65 | 115119.65 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 0 | 1 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 56350.00 | 207859.00 |
| (i) Itemized (use Schedule A) | 3535.00 | 8535.00 |
| (ii) Unitemized | 59885.00 | 216394.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 0.00 | 0.00 |
| (b) Political Party Committees | 3000.00 | 12000.00 |
| (c) Other Political Committees (such as PACs) | 62885.00 | 228394.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤ | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 2500.00 | 7500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 65385.00 | 235894.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 65385.00 | 235894.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 99.00 | 99.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 99.00 | 99.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 94500.00 | 235051.70 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 94599.00 | 235150.70 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 94599.00 | 235150.70 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 62885.00 | 228394.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 62885.00 | 228394.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 99.00 | 99.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 99.00 | 99.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Cohen

Mailing Address 5440 S. Cottonwood Ct.

City

Littleton

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Insurance Management Asso-
ciates, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27370706

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert N. Munao

Mailing Address 100 Mt. Misery Road

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thesco Benefits, LLC

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27393512

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael W. Battle

Mailing Address 7600 SW 50th Avenue

City

Miami

State

FL

Zip Code

33143-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keen Battle Mead & Company

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27577852

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Butler

Mailing Address 2000 South Grandview Avenue

City State Zip Code
Dubuque IA 52003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottingham & Butler

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27650859

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Brown

Mailing Address 304 Oak Lane

City State Zip Code
Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27753774

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John M. Sweeney

Mailing Address 1713 Abbey Oak Drive

City State Zip Code
Vienna VA 22182-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27753788

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John McDonald

Mailing Address 12 Lenox Road

City

Summit

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herbert L. Jamison & Co.,
LLC

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27830274

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Reynolds

Mailing Address 20619 Bethel Church Road

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Wholesale Insura-
nce Group (AM

Occupation
Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27851730

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Louisa C Bolick

Mailing Address 95 Orchard Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Associa-
tes

Occupation
Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27860423

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Ursprung

Mailing Address 23 Ketch Lane

City

Quincy

State

MA

Zip Code

02171-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27861192

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger Haynes

Mailing Address 86 Morton Road

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Associa-
tes

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27862112

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Leavitt

Mailing Address 23 University Lane

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Assoc.
Ins. Brokers.

Occupation

Senior V.P., Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27862409

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Andersen

Mailing Address 48 Milestone Drive

City

Ringoes

State

NJ

Zip Code

08551-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Associa-
tes

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27862786

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jamie T. Balboni

Mailing Address 22 Grove Street

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Gallagher Associa-
tes

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27867187

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Byrne, Sr.

Mailing Address 4607 Signature Drive

City

Middleton

State

WI

Zip Code

53562-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
drum, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 27867752

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stewart G. Flippen

Mailing Address 304 Clovelly Road

City

Richmond

State

VA

Zip Code

23221-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27913025

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. C.R. Ekern

Mailing Address 2401 East Scarlet Bugler Circle

City

Payson

State

AZ

Zip Code

85541-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Rutherford, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27913834

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Jones

Mailing Address 9014 Cherry Tree Drive

City

Alexandria

State

VA

Zip Code

22309-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27913836

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas Russell

Mailing Address 919 East Riverview Drive

City

Suffolk

State

VA

Zip Code

23434-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27913837

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marilyn Norman

Mailing Address 641 Longfield Road

City

Manakin Sabot

State

VA

Zip Code

23103-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27913843

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Craford

Mailing Address 10 Morgan Lane

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Craford Benefit Consultan-
ts

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 27915226

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy W. Turner

Mailing Address 436 Lakeside Manor

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27941807

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Ziegler

Mailing Address 12772 15th Street

City

Coral Springs

State

FL

Zip Code

33071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27941815

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Pagoumian

Mailing Address 40 Laird Street
Apartment 438

City

Long Branch

State

NJ

Zip Code

07740-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Napco, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27941819

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis Donahue

Mailing Address 805 W. Willow Street

City

Palatine

State

IL

Zip Code

60067-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acordia, Inc-A Wells Fargo
Company

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27944728

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Pruett

Mailing Address 311 Howard Street
PO Box 4600

City

Mt. Airy

State

NC

Zip Code

27030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27964082

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred Curatolo

Mailing Address 32 Blossom Lane

City

Staten Island

State

NY

Zip Code

10307-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27964090

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul L Barber

Mailing Address 430 Heatherwood Forest Circle

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27968541

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Van Gilder

Mailing Address 2500 Cherry Creek Drive S.
Unit 404

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Gilder Insurance Corporation

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 27968544

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Randolph W. McGann

Mailing Address 1000 White Oak Road

City

Waynesboro

State

VA

Zip Code

22980

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Barger Insurance (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27987449

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott M. Gibbs

Mailing Address 6135 Vanderbilt Avenue

City

Dallas

State

TX

Zip Code

75214-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & William
s of Texas.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: 27988651

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey T. Calder

Mailing Address 2 Abbott Ct.

City

Orinda

State

CA

Zip Code

94563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saylor and Hill Co.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988688

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter F. Cella

Mailing Address 4 Crockett Drive

City

Moraga

State

CA

Zip Code

94556-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beere & Purves Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988689

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. T.C. Colvin, Jr.

Mailing Address 3273 Krueer Court

City

Edgewood

State

KY

Zip Code

41017-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schiff, Kreidler-Shell,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988695

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Jed Skeete

Mailing Address 672 Flintdale Road

City

Houston

State

TX

Zip Code

77024-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms of Texas,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988730

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Adam Bruckman

Mailing Address 4358 Highborne Drive

City

Marietta

State

GA

Zip Code

30066-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digital Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988818

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Larry Giusti

Mailing Address 1315 Trailwood Ct.

City

Neptune Beach

State

FL

Zip Code

32266-1562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harden & Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988822

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wesley V. Dasher, Jr.

Mailing Address 13 Jacobs Mill Court

City

Elgin

State

SC

Zip Code

29045-8646

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Boyle-Vaughan Asso-
ciates, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988837

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gary A. King

Mailing Address 6345 Belmont

City

Houston

State

TX

Zip Code

77005-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms of Texas,

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27988839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Reginald Davis

Mailing Address 9635 Stoney Ridge

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services,
Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Transaction ID: 27988843

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Drew M. Lamb

Mailing Address 2108 Delamere Drive

City

Matthews

State

NC

Zip Code

28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T-McPhail Bray Insuran-
ce

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Transaction ID: 27988849

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold Wells, III

Mailing Address 2920 Cambridge Drive

City

Wilmington

State

NC

Zip Code

28403-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harold W. Wells & Son, In-
c.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28097141

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 47

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Inberg

Mailing Address 2187 SW Harbor Place

City

Portland

State

OR

Zip Code

97201-8022

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28097143

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Parrish

Mailing Address 208 Young Drive

City

Clinton

State

SC

Zip Code

29325

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Carolina Insurance
Consultants

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28097151

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Allen, Jr.

Mailing Address 302 Shadow Oaks Drive

City

Easley

State

SC

Zip Code

29642-7841

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Carolina Insurance
Consultants

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 28097156

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Charles B. Southern

Mailing Address 9825 Waterbary Drive

City

Saint Louis

State

MO

Zip Code

63124-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 28097186

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. David F. Bayard

Mailing Address 200 Village Road

City

Green Village

State

NJ

Zip Code

07935-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayard, Oot, Jones and Associates LLP

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28097239

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Jones

Mailing Address 1301 Fairfield Woods Road

City

Fairfield

State

CT

Zip Code

06825-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayard, Oot, Jones and Associates LLP

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28097270

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony P. Campisi

Mailing Address 1985 High Rock Lane

City

York

State

PA

Zip Code

17402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glatfelter Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28097285

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roy Gonella

Mailing Address 120 13th Street

City

Manhattan Beach

State

CA

Zip Code

90266-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercer

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28097292

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Melody R.W. Banks

Mailing Address 1000 Waters Edge Circle

City

Birmingham

State

AL

Zip Code

35242-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 28097296

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Keith A. Kiser

Mailing Address 250 West First Street

City

Winston Salem

State

NC

Zip Code

27101-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Blue Ridge Burke
Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 28097326

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Austin Madison

Mailing Address 5529 Kendall Drive

City

Nashville

State

TN

Zip Code

37209-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Brandon Jackson &
Ward

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105917

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Parkes Brandon

Mailing Address 2012 McPherson Lane

City

Nashville

State

TN

Zip Code

37221-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Brandon Jackson &
Ward

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105919

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Parkes Owen

Mailing Address 114 Taggart Avenue

City

Nashville

State

TN

Zip Code

37205-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Brandon Jackson &
Ward

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105920

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Patrick Gallagher, Jr.

Mailing Address 825 Normandy Lane

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105921

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert B. Jackson

Mailing Address 919 Drew Place

City

Nashville

State

TN

Zip Code

37205-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Brandon Jackson &
Ward

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105922

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James C Ward, III

Mailing Address 1209 Nichol Lane

City

Nashville

State

TN

Zip Code

37205-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Brandon Jackson &
Ward

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105923

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. James S. Gault

Mailing Address 1150 Romona Road

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105924

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Michael R Johnston

Mailing Address 80 Masters Court

City

Santa Rosa Beach

State

FL

Zip Code

32459-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28105926

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Halter

Mailing Address 12480 Rivercrest Drive

City

Little Rock

State

AR

Zip Code

72212-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramsey, Krug, Farrell &
Lensing

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28114873

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alfred L. Williams

Mailing Address 2 Forest Heights Drive

City

Little Rock

State

AR

Zip Code

72207-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramsey, Krug, Farrell &
Lensing

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28115087

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Francis Ross Bell

Mailing Address 65 Waterford Place

City

Hattiesburg

State

MS

Zip Code

39402-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stewart-Sneed-Hewes/Banco-
rpSouth Insur

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28115181

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel E. Miller

Mailing Address 4245 Pine Park Drive

City

Baton Rouge

State

LA

Zip Code

70809-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright & Percy Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28115524

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Bill Baycroft

Mailing Address 6142 Holly Springs Drive

City

Houston

State

TX

Zip Code

77057-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Max Green/Insurance
Concepts

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28117833

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Forrester

Mailing Address 6236 Lochlevin Cove

City

Memphis

State

TN

Zip Code

38119-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regions Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28118183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony M. Grippa

Mailing Address 12 Old Port Circle

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 28118190

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Riley

Mailing Address 1954 Bridgewater Drive

City

Heathrow

State

FL

Zip Code

32746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 28118192

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Linda S. Downs

Mailing Address 509 Florida St.

City

Orlando

State

FL

Zip Code

32806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 28118193

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Craig Curry

Mailing Address 2021 SE 25th Street

City

Ocala

State

FL

Zip Code

34471-6093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28118194

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Powell Brown

Mailing Address 460 Virginia Drive

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown

Occupation

Asst. V.P./Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28118195

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. M. Decker Youngman, III

Mailing Address 4 Creek View Way

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28118198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. G. Philip Feldman

Mailing Address 15 Manito Drive

City

Cambridge

State

MD

Zip Code

21613-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Risk Placement Services,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: 28120564

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steven L. Doss

Mailing Address 7169 S. Franklin Way

City

Centennial

State

CO

Zip Code

80122-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Gilder Insurance Corp-
oration

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 28131249

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Bohstedt

Mailing Address 26881 W. Taylor Road

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 28131320

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John M. Elliott

Mailing Address 19 Phellos Court

City

Little Rock

State

AR

Zip Code

72223-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regions Insurance

Occupation
Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 28131326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

56350.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 47

(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Willis PAC

Mailing Address 7 Hanover Square

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing
federal political committee.**C** C00418731

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: 27988671

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 47

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hobson for Congress Committee

Mailing Address 2525 N. Limestone

City

Springfield

State

OH

Zip Code

45503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: 27991088

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 / 47

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc

Mailing Address PO Box 1000

City
Des MoinesState
IAZip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Charles E. Grassley

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2010

☒ Primary☐ General☐ Other (specify) ▼

State: IA

District:

Transaction ID: 27987443

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Judy Biggert For Congress

Mailing Address 2800 Shirlington Road
Suite 405City
ArlingtonState
VAZip Code
22206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Judy Biggert

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: IL

District: 13

Transaction ID: 27988331

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steve Israel For Congress Committee

Mailing Address PO Box 777

City
Deer ParkState
NYZip Code
11729

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve J. Israel

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State: NY

District: 02

Transaction ID: 27988332

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 / 47

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City
BarringtonState
ILZip Code
60010

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 27988348

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st St, SE

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 27988349

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 27988350

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

14000.00

SUBTOTAL of Disbursements This Page (optional)

31500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 47

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Johnson for South Dakota

Mailing Address 420 C Street NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Tim Johnson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 27988351

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Kevin McCarthy For Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 27988357

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Lewis For Congress Committee

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Jerry Lewis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Transaction ID: 27988359

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 47

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress

Mailing Address PO Box 38585

City
DallasState
TXZip Code
75238

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Pete Sessions

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: TX

District: 32

Transaction ID: 27991115

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Shelby for U.S. Senate

Mailing Address P.O. Box 1091

City
TuscaloosaState
ALZip Code
35403

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard C. Shelby

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2010

☐ Primary
☒ General
☐ Other (specify) ▼

State: AL

District:

Transaction ID: 27991120

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City
KensingtonState
MDZip Code
20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Chris Van Hollen

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: MD

District: 08

Transaction ID: 27991121

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 47

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Garrett For Congress

Mailing Address PO Box 905

City
NewtonState
NJZip Code
07860

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Scott Garrett

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☐ Primary☒ General☐ Other (specify) ▼

State: NJ

District: 05

Transaction ID: 27991123

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Frank for Congress

Mailing Address 38 Ivy Street, SE

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barney Frank

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State: MA

District: 04

Transaction ID: 28096929

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Scalise For Congress 08

Mailing Address 3100 Ridgelake
Suite 301City
MetairieState
LAZip Code
70002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Scalise

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2008

☒ Primary☐ General☐ Other (specify) ▼

State: LA

District: 01

Transaction ID: 28106457

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 47

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 13

Transaction ID: 28106458

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City
Boca Raton

State
FL

Zip Code
33433

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ronald Klein

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 22

Transaction ID: 28106494

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Crowley for Congress

Mailing Address 80 F Street NW
Number 804

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 07

Transaction ID: 28106560

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 47

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Enzi For Us Senate

Mailing Address PO Box 2775

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael B. Enzi

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: WY

District:

Transaction ID: 28106562

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 122 Maryland Avenue NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 28106563

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Moore for Congress

Mailing Address 80 F Street NW
Number 804

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dennis Moore

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: KS

District: 03

Transaction ID: 28106589

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City
Nanticoke

State
PA

Zip Code
18634

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul E. Kanjorski

Office Sought:

☒

House

☐ Senate

☐ President

State: PA

District: 11

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 28106590

Date of Disbursement

06

25

2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allen Boyd

Office Sought:

☒

House

☐ Senate

☐ President

State: FL

District: 02

Disbursement For:

2008

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 28106619

Date of Disbursement

06

25

2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Cole For Congress

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Cole

Office Sought:

☒

House

☐ Senate

☐ President

State: OK

District: 04

Disbursement For:

2008

☒

Primary

☐

Other (specify) ▼

☐

General

Transaction ID: 28106621

Date of Disbursement

06

25

2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank for Congress

Mailing Address 38 Ivy Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Barney Frank

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: 28106622

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Enzi For Us Senate

Mailing Address PO Box 2775

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Michael B. Enzi

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 28106623

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 28106624

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cazayoux For Congress

Mailing Address Pob 3172

City
Baton Rouge

State
LA

Zip Code
70821

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Donald Cazayoux

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 06

Transaction ID: 28106651

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of John Boehner

Mailing Address 7908 Cincinnati-Dayton Road
Suite I

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement

011

Category/
Type

Candidate Name

John A. Boehner

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 08

Transaction ID: 28106652

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Manion For Congress

Mailing Address PO Box 28

City
Doylestown

State
PA

Zip Code
18901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Tom Manion

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 08

Transaction ID: 28106653

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress

Mailing Address PO Box 38585

City
DallasState
TXZip Code
75238

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Pete Sessions

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: TX

District: 32

Transaction ID: 28106657

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 28106684

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Tim Johnson for South Dakota

Mailing Address 420 C Street NE
Lower LevelCity
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tim Johnson

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☐ Primary
☒ General
☐ Other (specify) ▼

State: SD

District:

Transaction ID: 28106718

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Paul W. Hodes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: 28106722

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bachus for Congress

Mailing Address 308 LaPrado Circle

City Birmingham State AL Zip Code 35209

Purpose of Disbursement

011

Category/
Type

Candidate Name
Spencer Bachus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: 28106845

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)

Bill Foster For Congress Committee

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Bill Foster

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 28106931

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Northstar Leadership PAC

Mailing Address P.O. Box 4365

City
St. Paul

State
MN

Zip Code
55104

Purpose of Disbursement

011

Category/
Type

Candidate Name
Northstar Leadership PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 28117846

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address P.O. Box 112398

City
Salt Lake City

State
UT

Zip Code
84147

Purpose of Disbursement

011

Category/
Type

Candidate Name
Orrin G. Hatch

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: 28117852

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 28117853

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Arlen Specter

Mailing Address 255 South 17th Street Suite 603

City
Philadelphia

State
PA

Zip Code
19103

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Arlen Specter

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 28117856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

The Tuesday Group PAC

Mailing Address 1707 Prince Street
#5

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 28123263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Dole Committee, Inc.

Mailing Address PO Box 2918

City
Raleigh

State
NC

Zip Code
27602

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mrs. Elizabeth Dole

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 28123307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

94500.00